

Department of **Environmental Protection**

Jeb Bush Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

David B. Struhs Secretary

October 12, 2001

Mr. B. Fritz Butler Frontier Cleaners 1310 North John Young Parkway Kissimmee, Florida 34741

Re: Facility No.: 0970053-002

Dear Mr. Butler:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 10, 2001.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 96-00 SOC 3 Complione IN

0970053-002 1.(a) 1986 machine should have Existing circled under Status 4. New machines at small area source should be marked as well page 16 6.(e) Required for all sources. Should be marked. Page 17 Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP		
TO: (NAME, OFFICE, LOCATION)	3	
1	4	•
2	5	•
PLEASE PREPARE REPLY FOR:	COMMENTS:	
SECRETARY'S SIGNATURE		
DIV/DIST DIR SIGNATURE		
MY SIGNATURE		
YOUR SIGNATURE		
DUE DATE		
ACTION/DISPOSITION		
DISCUSS WITH ME		
COMMENTS/ADVISE		
REVIEW AND RETURN		
SET UP MEETING		
FOR YOUR INFORMATION		
HANDLE APPROPRIATELY		
INITIAL AND FORWARD		
SHARE WITH STAFF		
FOR YOUR FILES		
FROM:	DATE:_	PHONE:



PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):		
	FRONTIER OF CENTRAL FLA INC		
2.	Site Name (For example, plant name or number):		
	FRONTIER CLEANERS Hazardous Waste Generator Identification Number:		
3.	Hazardous Waste Generator Identification Number:		
	FLD082411927		
4.	Street Address: 1310 N. John Journ		
	City: K. SSIMMER, FLA County: OSCZOLA Zip Code: 34741		
5.	Facility Identification Number (DEP Use ONLY - do not fill in):		
	CHM0053-00		
	ponsible Official		
	Name and Title of Responsible Official:		
Naı	ne: B. Fritz Butler Title: PRES. Dent		
7.	, -		
	Organization/Firm: Street Address: 1310 ~ John Young PKny		
	City: 1.551 MM26 County: 05c20 kg Zip Code: 3474/		
8.			
	Telephone: (407)847-5455 Fax: (401)847-518/		
Fac	cility Contact (If different from Responsible Official)		
9.	Name and Title of Facility Contact (For example, plant manager):		
10.	Facility Contact Address:		
	Street Address:		
	City: Zip Code:		
11.	Facility Contact Telephone Number:		
	Telephone: () - Fax: () -		

DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility Name and Location

Facility Information

		7.1.3	P.	000
Mary and San			, (EIVE O ZULI
Facility Information			9. Sp.	ンレ
1.(a) DRY-TO-DRY MA	ACHINES ONLY	<u> </u>	on: Date Control Device Installed	000
How many dry-to-dry made	chines do you have	e on-site?	Mosile Air Air	*U);
	ine on-site, please	provide the following information	on:	Carina
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")	2 **
•	of Existing/New	RC/CA/None required	50 Am o	
1996	Existing/Nev	w RC/CA/None required	5Am E	
ļ	Existing/New	w RC/CA/None required		
*CONTROL DEVICE KE 1.(b) TRANSFER MACI How many washers do yo	HINES ONLY	frigerated condenser CA =	= carbon adsorber	
unit. If the transfer machin	as purchased from ine was purchased f	the manufacturer prior to or on I from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general	
	•	after September 22, 1993 are allowing inf	owed to operate under this general formation:	
Date Initially Purchased From Manufacturer	Status	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")	
	Existing/New	RC/CA/None required		
	Existing/New	RC/CA/None required		
	Existing/New	RC/CA/None required		
*CONTROL DEVICE KE	EY: RC = ref	frigerated condenser CA =	= carbon adsorber	
· · ·	roethylene (perc) hans (You must fill the	nave you used within the last 12 m	nonths?	
(b) If less than 12 mon	nths, how many? [] months		
	ss than 12 months:		ep records:	
			••	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Unopened store [____] (date of expected opening _

3. What is the facility's source Indicate with an "X". Sel		on the definitions found in section (3) of Part II? only.)
Small Area Source		•
Transfer on	nachines only on-site ly on-site ne types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source		
Transfer onl	nachines only on-site y on-site ne types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is (Indicate with an "X".)	required on machines	pursuant to section (5) of Part II of this notification form?
Existing machines at (NONE REQUIRED)		New machines at small area source Refrigerated condenser []
Existing machines at Carbon adsorber Refrigerated condens		New machines at large area source Refrigerated condenser []
Rule 62-213.300, F.A.C. Ver	ify that all steam and h	units shall not be eligible to use the general permit pursuar not water generating units on-site meet the following e (see attached memo for the criteria).
All steam and hot water gener No such units on-site	ating units exempt	OR
How many boilers do you hav	e on-site?	
For each boiler, indicate its ho	orsepower (HP) rating:	USILILI .
What type of fuel do you use?	propane No. 2 fue No. 6 fue	
6. Equipment Monitoring and	Recordkeeping Inform	mation
Check all logs which are requ	ired to be kept on-site	in accordance with the requirements of this general permit
(a) Purchase receipts and solve	ent purchases/solvent a	addition log [X]
(b) Leak detection inspection	and repair	(X)
(c) Refrigerated condenser ter	nperature monitoring	لخا
(d) Carbon adsorber exhaust p	erc concentration mon	nitoring []
(e) Startup, shutdown, malfur	ection plan	

to

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notij statemen maintain comply v I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. The Buttot The Buttot Date

17

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444810 JAN21 2005 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 970053 10 FRONTIER CLEANERS 1310 N John Young Parkway KISSIMMEE, FL 34741

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



icul nerv.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437037' FEB27 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.0d

Do NOT Remove Label

ID# 970053 B BUTLER FRONTIER CLEANERS 1310 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

A997.	(Domestic Mail Only, No Insurance Coverage Provided	
5650	ar or delivery information visit our website at www.usps.com	
3 2260 0003	Postage \$ Certified Fee Return Reciept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ ID# 970053	
700	Sent To B BUTLER Street, Apt. FRONTIER CLEANERS or PO Box 1 City, State, KISSIMMEE, FL 34741	
		ons.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X	
MD# 970053 B BUTLER FRONTIER CLEANERS	If YES, enter delivery address below:	
KISSIMMEE, FL 34741	3. Sepvice Type Certified Mail	
	4. Restricted Delivery? (Extra Fee) Yes	
2. Article Number 7003 (Transfer from service label)	2260 0003 5650 8991	
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Igsurance Coverage Providence)	ed)
4740	OFFICIAL/USE	
7976	Postage \$ Certified Fee Rosmark	· h /
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
7001 0320	Total AIRS ID#0970053 Sent 7: FRONTIER CLEANERS B FRITZ BUTLER Street, 1310 N JOHN YOUNG PARKWAY or PO City, S 34741	
	PS Forth accompany and a second secon	instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Agent Addressee B. Received by (Dinted Name) C. Date of Delivery D. Is delivery address different from item 1? Yes	
1. Article Addressed to: AIRS ID#0970053**	If YES, enter delivery address below:	
FRONTIER CLEANERS B FRITZ BUTLER 1310 N JOHN YOUNG PARKWAY		
KISSIMMEE FL 34741	3. Service Type Certified Mail	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7001 0320 001 (Transfer from service laber)	01 7976 4740	
DO 5 2011 A 10004 D D	5	

United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCEST PAR MONITORING & MODILE S

500

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

412398 DEC31 2001

Do NOT Remove Label

AIRS ID # 0970053 FRONTIER CLEANERS B FRITZ BUTLER 1310 N JOHN YOUNG PARKWAY KISSIMMEE FL 34741

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423015 FEB142003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0970053

FRONTIER CLEANERS B FRITZ BUTLER 1310 N JOHN YOUNG PARKWAY KISSIMMEE FL 34741 REB 192 Bureau of Air N

FOR GOVERNMENT USE ONL)
Org.: 37550101000; EO: A1

Org.: 375501010000 E0
Fund: 20-2-0350013
Obj.: 002273